



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A29107</b> 1. Entity Name <b>BRIARWOOD II, LTD.</b>					
Principal Place of Business <b>7865 SOUTHSIDE BOULEVARD</b> <b>JACKSONVILLE, FL 32256</b>			Mailing Address <b>7865 SOUTHSIDE BOULEVARD</b> <b>JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02232004    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-2972167</b>	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SELIGMAN, KAREN J</b> <b>7865 SOUTHSIDE BLVD.</b> <b>JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			FL    Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record <b>\$299,900.00</b>		10. Amount of Capital Contributions in FLORIDA to date			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>SELIGMAN, SANFORD L.</b> <b>7865 SOUTHSIDE BLVD</b> <b>JACKSONVILLE, FL 32256</b>		STREET ADDRESS  CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>SELIGMAN, KAREN J</b> <b>7865 SOUTHSIDE BOULEVARD</b> <b>JACKSONVILLE, FL 32256</b>		STREET ADDRESS  CITY - ST - ZIP	U00000138263 04/29/04-80073-012 535.00	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Karen Seligman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <i>3/6/04</i> Daytime Phone #: <i>804 644 1717</i>		

STAPLE CHECK HERE